

LEA _____

F-2 SUMMARY

Student #	Census #	Student #	Census #
1		6	
2		7	
3		8	
4		9	
5		10	

SOF LOCATION	REQUIREMENTS REVIEWED	1	2	3	4	5	6	7	8	9	10	# Y	# N	TOTAL
	EVALUATION/REEVALUATION													
	Documentation supports category and substantiates eligibility													
II.B.14.a	SLI													
	SLD													
II.B.14.b	A significant discrepancy													
II.B.14.c	Classroom observation													
II.B.14.d	Certification of each team member													
II.B.14.e	Environmental, cultural, or economic disadvantage													
II.B.14.f	MIMR													
II.B.14.g	MOMR													
II.B.14.h	ED													
II.B.14.i	OHI													
	HI													
II.B.14.j	A hearing impairment													
II.B.14.k	Language proficiency of child													
	VI													
II.B.14.l	Verification by an optomomlogist													
II.B.14.m	Individualized Braille assessment													
II.B.14.n	OI													

SOF LOCATION	REQUIREMENTS REVIEWED	1	2	3	4	5	6	7	8	9	10	# Y	# N	TOTAL
II.B.14.o	SMR													
II.B.14.p	A													
II.B.14.q	TBI													
II.B.14.r	MD													
II.B.14.s	MD-SSI													
II.B.14.t	PMD													
II.B.14.u	PSD													
	PSL													
II.B.14.v	Speech which, out of context, is unintelligible to an unfamiliar listener AND/OR in language, at least 1.5 SD below the mean													
II.B.14.w	For PSL , CDA indicates that child is not eligible under another preschool category													
	IEP													
III.B.7	IEP developed within 30 days of eligibility determination													
III.B.8.a	Date of initiation of services and adaptations													
III.B.8.b	Duration of services and adaptations													
III.B.8.c	Frequency of services and adaptations													
III.B.8.d	Location of services and adaptations													
III.B.8.e	Extent the child will not participate with non-disabled children													
III.B.8.f	Potential harmful effects													
III.B.8.g	Communication needs													
III.B.8.h	Assistive technology devices and services													
III.B.9.a	LEP-consideration of language needs													
III.B.9.b	VI (Braille instruction/reasons)													
III.B.9.c	HI (language & communication needs)													
	Students in PRF													

SOF LOCATION	REQUIREMENTS REVIEWED	1	2	3	4	5	6	7	8	9	10	# Y	# N	T O T A L
III.B.9.d	Exit Criteria for student													
III.B.9.e	Plan of integrated opportunities													
	Transition Services													
III.B.10.a	Transition components include instruction, related services, etc.													
III.B.10.b	Each public agency's responsibilities, linkages or both													
III.B.10.c	Alternative transition strategies													
	OTHER													
III.B.12	All progress reports given to parents													
IV.B.1	Parental consent prior to initial placement													
IV.B.9	Hearing screening													